

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Christa Hogan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. West Plains, Mo. Route 1
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME JOSEPH ALEXANDER HUMPHREY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24,
year 1941 hour 6: minute a. M.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jenny M. George 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 7, 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 9, 1941 to February 24, 1941
that I last saw him alive on February 23, 1941
and that death occurred on the date and hour stated above
Immediate cause of death Failure of the Heart

8. AGE: Years 88 Months 1 Days 17 If less than one day
hr. _____ min. _____

Due Causes of stomach

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46

9. Birthplace Zanesville, Ohio.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy None

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Clark Humphrey

13. Birthplace Lancaster Co., Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Margarite Hoover

15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Humphrey

(b) Address West Plains, Mo. Rt. 1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof Feb. 26, 1941
(Burial, cremation, or removal) (City or town) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Hal Thomburg

(b) Address West Plains, Mo.

19. (a) 2-25-41 (b) W. W. Simons
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature W. W. Simons (M.D. or D.V.M.)
Address West Plains, Mo. Date signed 2/28/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

46
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46
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RECEIVED

District Health Officer No. 5,

District File Number 341341

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Hal Flourburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.